



***SAMHSA MAI Rapid HIV/Hepatitis Testing
(RHHT)***

Clinical Information Form

***Question-by-Question
Instruction Guide
(QxQ)***

***Version 2
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Question-by-Question Instruction Guide
SAMHSA MAI Rapid HIV/Hepatitis Testing (RHHT) Clinical Information Form

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Form Purpose & Overview

The purpose of the SAMHSA MAI HIV Rapid HIV/Hepatitis Testing Clinical Information Form (RHHT form) is to collect information about all MAI clients for the cross-site evaluation of grantees. **This form should be completed for all clients who receive any MAI services. This includes clients who may already know their recent HIV and/or Hepatitis testing results.**

Provided below are general instructions for the use of the RHHT form, as well as a question-by-question instruction guide for RHHT form completion. This question-by-question guide describes question-specific coding issues and provides instructions for completion of the RHHT form. The appendices contain a copy of the RHHT form and related technical assistance resources.

Using the SAMHSA RHHT Form with MAI Clients

Data associated with all MAI clients will be captured using the RHHT form. In this guide, clients are categorized into one of five “types” of clients based upon the services they receive. The sections of the RHHT form that apply to each client type are described below.

Rapid HIV/Hepatitis Testing Clients

Upon being offered or enrolling in MAI rapid HIV/Hepatitis testing services, all sections of the form should be completed based upon the level of participation in RHHT services and the outcome of the rapid HIV/Hepatitis test on the “date of visit.” The RHHT form includes the following sections:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section D: Rapid HIV Testing Results
 - Depending upon whether or not the client received a rapid HIV test and the rapid test HIV result, these questions should be completed as appropriate by the staff member administering this form.
- Section E: Rapid Hepatitis B & C Testing Results
 - Depending upon whether or not the client received a rapid Hepatitis test and the rapid Hepatitis test result, these questions should be completed as appropriate by the staff member administering this form.
- Section F: Confirmatory Testing of HIV
 - Complete this section if the rapid HIV test result is positive/reactive.
- Section G: Confirmatory Testing of Hepatitis B & C Test
 - Complete this section if the rapid Hepatitis test result is positive/reactive.
- Section H: Type of HIV Services Provided
- Section I: Type of Hepatitis Services Provided

Conventional/Non-rapid HIV Testing Clients

Upon being offered conventional/non-rapid HIV testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section F: Confirmatory Testing of HIV
- Section H: Type of HIV Services Provided

The following section should be skipped:

- Section D: Rapid HIV Testing Results

Conventional/Non-rapid Hepatitis Testing Clients

Upon being offered conventional/non-rapid Hepatitis testing services, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section G: Confirmatory Testing of Hepatitis B & C Test
- Section I: Type of Hepatitis Services Provided

The following section should be skipped:

- Section E: Rapid Hepatitis B & C Testing Results

MAI Clients who did not receive any type of HIV testing

This description applies to MAI clients who may be either already aware of their HIV-infected serostatus or did not receive any HIV testing services.

Upon enrolling in MAI services that do NOT include HIV testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section H: Type of HIV Services Provided

The following sections should be skipped:

- Section D: Rapid HIV Testing Results
- Section F: Confirmatory Testing of HIV

MAI Clients who did not receive any type of Hepatitis testing

This description applies to MAI clients who may either be already aware of their Hepatitis-infected serostatus or did not receive any Hepatitis testing services.

Upon enrolling in MAI services that do NOT include Hepatitis testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section I: Type of Hepatitis Services Provided

The following sections should be skipped:

- Section E: Rapid Hepatitis B & C Testing Results
- Section G: Confirmatory Testing of Hepatitis B & C Test

General Form Instructions

Administering the RHHT form to clients

MAI staff should administer this form to all individual clients in a private location (e.g., an office) to ensure privacy. This form is not intended to be self-administered by clients. Each grantee project should determine what staffing arrangement is best for collecting this information.

For each question that requires the client's responses in Sections B and C of the RHHT Form, staff members should read the questions and the list of responses aloud to the client and record his or her answers.

The staff member administering this form for an individual client should complete sections A, D, E, F, G, H and I.

When this information should be collected

For clients who are offered *any type of HIV and/or Hepatitis testing* through the MAI, information should be collected **at the time HIV and/or Hepatitis testing is offered**. However, information for certain items such as confirmatory testing results and linkage to care confirmation can be added after initial submission of the testing form, but not longer than 90 days after the initial date of form submission.

For clients who are *not offered HIV/Hepatitis testing*, sections A, B and C of the RHHT form should still be completed.

How this information should be collected and reported

Until RHHT data collected by grantee staff can be entered into an online RHHT data base, it is required that a paper-based version of the RHHT form be completed, scanned and submitted by email to **ONLY** the **program specific secure resource email box** by the 1st and 15th of each month (**Note:** Do not cc or bc any other party with this information). Please note that the same client ID must be used in both the RHHT form and the Common Data Platform (CDP) data collection instrument.

When grantees are using paper RHHT forms, copies of the PDF version of the form for paper-based data collection should be made by the grantee. Each grantee project should determine a process for completion of the paper

RHHT form at the time of the client visit. When completing sections C1 and C2 of the RHHT form, consider using a calendar to mark off the past 30 calendar days.

If any of the data on the RHHT form is not collected or collectable for any reason at the time of the visit, leave the question blank and move to the next item.

Number of forms per client

While multiple forms can be submitted per client, there are limited circumstances when this should occur. For instance, if a client initially refuses HIV testing (either rapid or conventional), staff collecting data

Important Note:

The same Client ID must be recorded on the RHHT form as is used in the CDP data collection instrument.

should complete a form with information related to sections A, B and C. If the client were to later return and agree to (or request) HIV testing and take the test, a second form should be completed and submitted, **using the same client ID assigned to the client at initial intake.**

Future entry, storage and edits of RHHT data (On-Line)

Once a SAMHSA RHHT web-based data entry system becomes available, data should be entered within 30 days of the client's initial visit. Designated users of the SAMHSA RHHT web-based data entry system will be assigned user login information in order to access and input data.

Once the RHHT web-based data entry system is available, submitted data forms can be edited in the web-based data entry system and users will be able to return to specific forms to update information as it is collected over time. Any updates to RHHT forms submitted will only be captured if submitted within 90 days of the initial date of client visit.

Once the RHHT web-based data entry system is available, a separate User Guide will provide step-by-step assistance, as well as technological aspects for using the system (e.g., how to log in, how to enter data into the online form, etc.).

General data security guidelines

Although the SAMHSA RHHT form does not request/contain any personally identifiable information, data should still be handled in a secure manner. The following general guidelines are suggestions for data security procedures:

- 1) Do not include any personally identifiable information on RHHT forms submitted to SAMHSA via program specific resource email box or web-based data entry system.
- 2) Do not save RHHT data to portable media like thumb drives, CD/DVDs, or computers that are not password protected.
- 3) Secure paper copies of RHHT forms under lock and key when not in use.

Question by Question Instructions for RHHT Form

Please find below, for each section and question on the RHHT form, detailed instructions on the intent of the question and specific coding issues. The following information about each question included on the form is provided, as appropriate:

Coding Instructions: Describes how information collected from clients should be recorded on the form for each question.

Coding Issue: Provides instruction on potential issues encountered when recording data for a specific variable. This should **not** be considered a complete list of all the potential coding issues that could arise.

Instructions specific to client-type: Provides instructions specific to those clients who are not receiving rapid HIV testing services and/or rapid Hepatitis testing, such as clients who are aware of their HIV-infected and/or Hepatitis-infected serostatus and clients receiving conventional/non-rapid HIV and/or hepatitis testing.

Section A: Site Characteristics

SECTION A: SITE CHARACTERISTICS	1. Date of visit (mm/dd/yyyy): _____
2. Grantee #: _____	3. Partner ID (if applicable): _____
4. CLIENT ID: _____	5. Site type code # (see site code on back page) _____

A-1: Date of Visit

Coding Instructions: Record the date the client sought/received services, using 2 digits for the month, 2 digits for the day, and 4 digits for the year. For example, if the client received a Rapid HIV Test on January 10, 2015, the date would be recorded as: 01/10/2015.

Instructions specific to client-type: This question should be completed **for all MAI- clients**.

A-2: Grantee

Coding Instruction: The Grantee # (as identified in your notice of award) is the same grantee-specific identifier used in the CDP system to facilitate linking of data across both systems. This field will most likely be pre-populated in the web-based data entry system. During the paper-based reporting period, grantee will use a six digit format for their Grant Number as follows: T10XXXXX (For example: Grant Number: 1 T1099999-01 would be converted to **T1099999**)

A-3: Partner [Organization] ID (if applicable)

Coding Instructions: The Partner Organization is defined as an organization working with the primary grantee to provide services. The Partner [Organization] ID, if applicable, is a unique identifier used to denote other provider sites associated with an MAI grant. If an organization or provider site collects data using the CDP and SAMHSA RHHT systems, the designated Partner [Organization] ID will be the same across both forms. This field will most likely be pre-populated in the web-based data entry system. If there is a need to develop a Partner [Organization] ID for a specific recipient organization or

provider site(s) associated with your MAI grant, please contact Health Research and Analysis (HRA); support@health-ra.com.

Coding Issues: The Partner [Organization] ID is not applicable if the client receives services directly through the MAI primary grantee organization (item A-3 remains blank).

A-4: CLIENT ID

Coding Instructions: The unique Client ID assigned to the client should conform to the criteria provided below and should be used consistently with the client as s/he receives services from all MAI service provider sites. **It is critical that the same client ID be used for the SAMHSA RHHT form and the CDP reporting system to enable information regarding a specific client to be linked across both data collecting tools.**

Coding Issues: If the “Client ID” is missing, a form can only be saved as “in process” within the web-based data entry system. **A Client ID must be provided in order to submit a RHHT form.**

Instructions specific to client-type: This question should be completed **for all MAI clients.**

Criteria for assigning unique IDs are as follows:

Each client receives a unique client ID at their intake visit.

A unique client identifier that is determined by the grantee can be between 1 and 11 characters and can include both numerals and letters. It cannot begin with a dash or contain non-alphanumeric characters, including any of the following: “. ” [] ! @ # \$ % ^ & * (.) ”, with the exception of dashes or underscores.

- This unique client ID is intended to track a specific client through his/her interviews, baseline, clinical discharge, and 6-month reassessments (calculated as 180 calendar days), while maintaining the anonymity of the client.
- The same unique client ID is used each time, regardless of whether or not the client has more than one episode of care (i.e., if he/she is discharged or leaves treatment for 90 days or more and then returns). This unique client ID allows for unduplicated counts across all service programs. To protect the client’s identity, do not use any information that could identify the client. This includes using, but is not limited to, the client’s name, initials, date of birth or Social Security Number as all or part of the unique client ID.”

A-5: Site type code

Coding Instructions: Record the type of location at which the client sought/received services on the date of visit, using the site codes provided on page two of the SAMHSA RHHT form (also provided below). A site type is recorded using the letter “S” followed by a two-digit number signifying the proper site type. For example, receipt of services at an Outpatient Drug/Alcohol Treatment clinic would be recorded as:

“S05.” If more than one site type code applies, select the best description. A full list of the site codes is provided below:

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	S18	Community Setting-School/Education Facility
S04	Inpatient Facility-Other	S19	Community Setting-Residential
S05	Outpatient-Drug/Alcohol Treatment Clinic	S20	Community Setting-Public Area
S06	Outpatient-HIV Specialty Clinic	S21	Community Setting-Workplace
S07	Outpatient-Community Mental Health	S22	Community Setting-Commercial
S08	Outpatient-Community Health Clinic	S23	Community Setting-Other
S09	Outpatient-TB Clinic	S24	Community Setting-Bar/Club/Adult Entertainment
S10	Outpatient-School/University	S25	Community Setting-Church/Mosque/Temple
S11	Clinic Outpatient-	S26	Correctional Facility
S12	Prenatal/OBGYN Clinic	S27	Blood Bank, Plasma Center
S13	Outpatient-Private Medical Practice	S28	
S14	Outpatient-Health Department/Public Health Clinic		
S15	Outpatient-Health Department/Public Health Clinic-HIV		

Coding Issues: Select one response. If more than one code applies to your service setting, select the one code that best describes your organization.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

Section B: Demographics

SECTION B: DEMOGRAPHICS					
1. Gender <i>(check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Race <i>(check all that apply)</i> <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White	4. Age <i>(check one)</i> <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	5. Previous HIV Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>(check one)</i> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	6. Previous Viral Hepatitis Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <i>(check one)</i> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	
2. Ethnicity <i>(check one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

B-1: Gender

Coding Instruction: Ask the client to state his/her gender, from the response options provided. Record the client’s gender. **Note:** Transgender includes female to male transgender and male to female transgender individuals.

Coding Issues: Select no more than one response.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

B-2: Ethnicity

Coding Instructions: Ask the client to state his/her ethnicity, from the response options provided. Record the client’s ethnicity.

Coding Issues: Select only one response.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

B-3: Race

Coding Instructions: Ask the client to state his/her race, from the response options provided. Record the race of the client. Please note that information pertaining to both ethnicity (B-2) and race (B-3) should be reported for each client.

Coding Issues: Select all applicable responses.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

B-4: Age

Coding Instructions: Ask the client to state his/her age, from the response options provided. Record the age range that includes the client's age. For example, if the client reports they are 31 years old, select the response option for "25 – 34 yrs."

Coding Issues: Select no more than one response.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

B-5: Previous HIV Test

Coding Instructions: Ask the client whether or not s/he has previously received an HIV test. Record whether or not the client has previously received an HIV test by selecting "No" or "Yes". If the client has previously received an HIV test, indicate whether the result of the previous test was "negative," "positive," "inconclusive," or "unknown."

Coding Issues: Do not indicate the result of a previous HIV test if the client provides a response of "no" to this question, indicating no previous HIV test.

If the client has previously received an HIV test, but is unable to provide the test result, record the result of the previous HIV test as "unknown."

Instructions specific to client-type: This question should be completed **for all MAI clients**.

B-6: Previous Viral Hepatitis Test

Coding Instructions: Ask the client whether or not s/he has previously received a Viral Hepatitis test. Record their response by "No" or "Yes". If the client has previously received a Hepatitis test, indicate whether the result of the previous test was "negative," "positive," "inconclusive," or "unknown."

Coding Issues: Do not indicate the result of a previous Hepatitis test if the client provides a response of "no" to this question, indicating no previous Hepatitis test.

If the client has previously received a Hepatitis test, but is unable to provide the test result, record the result of the previous Hepatitis test as "unknown."

Instructions specific to client-type: This question should be completed **for all MAI clients**.

Section C: Risk Behaviors

C-1: During the past 30 days have you – from the date of this form

SECTION C: RISK BEHAVIORS	
1. During the past 30 days have you - from the date of this form (check all that apply)	
<input type="checkbox"/> had unprotected sex with a male	<input type="checkbox"/> had unprotected sex with a person who injects drugs
<input type="checkbox"/> had unprotected sex with a female	<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> had unprotected sex with a transgender individual	<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship	<input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> had unprotected sex with multiple partners	<input type="checkbox"/> refusal
<input type="checkbox"/> had unprotected sex with an HIV positive person	<input type="checkbox"/> the client reports no known sexual risk factors
<input type="checkbox"/> had unprotected sex with a Hepatitis positive person on drugs/alcohol	

Coding Instructions: Read the question and the list of responses aloud to the client, and record the client's answers. Please note that this question seeks information on any of the listed risk behaviors during the 30 days prior to the date of visit.

Note: Transgender includes female-to-male transgender and male-to-female transgender individuals.

Coding Issues: Select all applicable risk behaviors reported by the client in the past 30 days. If the client declines to share this information, select "refusal." If the client reports that they have not engaged in any of the above specified risk behaviors in the past 30 days, select "client reports no known sexual risk factors."

If client reports "refusal" or "no known sexual risk factors", no additional response options should be selected.

Instructions specific to client-type: This question should be completed for **all MAI clients**.

The term "unprotected sex" refers to vaginal, oral, and anal sex without any barrier method for protection.

A "monogamous relationship" is a sexually mutually exclusive relationship between two people.

C-2: During the past 30 days have you used: from the date of this form

2. During the past 30 days have you used: from the date of this form (check all that apply)		
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men)	<input type="checkbox"/> marijuana	<input type="checkbox"/> non-medical use of prescription drugs
<input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women)	<input type="checkbox"/> ecstasy	<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> cocaine (crack)	<input type="checkbox"/> heroin	<input type="checkbox"/> refusal
	<input type="checkbox"/> methamphetamine	<input type="checkbox"/> the client reports no known substance use risk factors
		<input type="checkbox"/> other (specify) _____

Coding Instructions: Read the question and the list of responses aloud to the client, and record the client's answers. Please note that this question seeks information on substances used during the 30 days prior to the client's visit.

Coding Issues: Select all applicable substances the client reports having used within the past 30 days. If the client refuses to identify any known substance use risk factors during the allotted time period, select "refusal." If the client does not report having engaged in any of the above substance use risk behaviors in the past 30 days, select "client reports no known substance use risk factors." If the client reports

engaging in any substance use risk factors other than those listed as options, select “other” and provide a description of the behavior, of up to 200 characters.

The response “4 or more alcoholic drinks in 1 sitting” should only be selected if the client reports his gender to be “male” or “transgender” in question B-1. The response “3 or more alcoholic drinks in 1 sitting” should only be selected if the client reports her gender to be “female” or “transgender” in question B-1.

If “refusal” or “client reports no known substance use risk factors” is selected, no additional response options should be selected.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

C-3: Have you...?

3. Have you (check all that apply)	
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months	<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)
<input type="checkbox"/> been in alcohol or drug treatment in the past 12 months	<input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)
<input type="checkbox"/> ever been in alcohol or drug treatment	<input type="checkbox"/> none of the above

Coding Instructions: Read the question and the list of responses aloud to the client and record the client’s answers. Please note that these questions relate to time frames that are different than 30 days, including the past 12 months and lifetime experience.

Coding Issues: Select any/all experiences that apply.

If “been in alcohol or drug treatment during the past 12 months” is selected, “ever been in alcohol or drug treatment before today” should also be selected. If the client does not report having experienced or engaged in the activities and situations listed, select “none of the above.”

If “none of the above” is selected, no additional response options should be selected.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

Section D: Rapid HIV Testing Results

SECTION D: Rapid HIV TESTING RESULTS	
1. Rapid HIV test result (check one)	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid (Repeat test)	<input type="checkbox"/> Refusal
2. Did client receive result of rapid HIV test? (check one)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Retest HIV Result: (check one)	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> N/A
4. Did client receive retest result of test? (check one)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

D-1: Rapid HIV test

Coding Instruction: If a rapid HIV test was administered to the client, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid” and must be repeated using a new rapid HIV test kit. If the client was offered a rapid HIV test and refused the test for whatever reason, select “Refusal”. Fourth Generation HIV testing results should be included in this section.

Coding Issues: Select one response if a rapid HIV test was offered to the client, whether or not it was administered. **This section should only be used for results from rapid HIV testing, including 4th generation HIV testing results.**

Instructions specific to client-type: Section D-1 should not be completed in the case that the client received a conventional/non-rapid HIV test.

Section D only applies to clients of *rapid* HIV testing, including 4th generation HIV testing results. No data on conventional testing or confirmatory testing should be reported in this section.

D-2: Did the client receive results of rapid HIV test?

Coding Instructions: If a rapid HIV test was administered indicate whether or not the client received the results of the rapid HIV test.

Coding Issues: Select no more than one response if a rapid test, including 4th HIV Generation testing was administered.

Instructions specific to client-type: Section D-2 should not be completed if the client received a conventional/non-rapid HIV test.

D-3: Retest rapid HIV Results

Coding Instruction: If a rapid HIV retest was administered, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid/indeterminate.”

Coding Issues: Select no more than one response if a rapid HIV retest was administered. A reason for an on-the-spot retest may include an invalid rapid HIV test result.

Instructions specific to client-type: Section D-3 should not be completed if the client received a conventional/non-rapid HIV test, or 4th Generation HIV test.

D-4: Did the client receive retest results of rapid HIV test?

Coding Instructions: If a rapid HIV retest was administered, indicate whether or not the client received the results of the rapid HIV retest.

Coding Issues: Select one response if a rapid HIV retest was administered.

Instructions specific to client-type: Section D-4 should not be completed if the client received a conventional/non-rapid HIV test, or 4th Generation HIV testing.

Section E: Rapid Hepatitis B & C Testing Results

SECTION E: Rapid HEPATITIS B & C TESTING RESULTS	
1. Rapid Hepatitis test results (check all)	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis C
<input type="checkbox"/> Positive/Reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Negative/Non-reactive
<input type="checkbox"/> Invalid (Repeat test)	<input type="checkbox"/> Invalid (Repeat test)
<input type="checkbox"/> Refusal	<input type="checkbox"/> Refusal
2. Did client receive results of rapid HEP test? (check one)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Retest HEP Result: (check one)	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> N/A
4. Did client receive retest results of test? (check one)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

E-1: Rapid Hepatitis test

Coding Instructions: If a rapid Hepatitis test was administered to the client, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid” and must be repeated using a new rapid Hepatitis test kit. If the client was offered a rapid Hepatitis test and refused the test for whatever reason, select “Refusal”.

Section E only applies to clients of *rapid* Hepatitis testing. No data on conventional testing or confirmatory testing should be reported in this section.

Coding Issues: Select one response if a rapid Hepatitis test was offered to the client, whether or not it was administered. **This section should only be used for results from a rapid Hepatitis test kit.**

Instructions specific to client-type: Section E-1 should not be completed in the case that the client received a conventional/non-rapid Hepatitis test.

E-2: Did the client receive results of rapid Hepatitis test?

Coding Instructions: If a rapid Hepatitis test was administered indicate whether or not the client received the results of the rapid Hepatitis test.

Coding Issues: Select no more than one response if a rapid Hepatitis test was administered.

Instructions specific to client-type: Section E-2 should not be completed if the client received a conventional/non-rapid Hepatitis test.

E-3: Retest Hepatitis Results

Coding Instructions: If a rapid Hepatitis retest was administered, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid/indeterminate.”

Coding Issues: Select no more than one response if a rapid Hepatitis retest was administered. Reasons for such a retest may include: invalid results of a previous rapid Hepatitis test and upon recommendation, for patient who previously tested negative but has known or potential exposure to Hepatitis.

Instructions specific to client-type: Section E-3 should not be completed if the client received a conventional/non-rapid Hepatitis test.

E-4: Did the client receive retest results of Hepatitis test?

Coding Instructions: If a rapid Hepatitis retest was administered, indicate whether or not the client received the results of the rapid Hepatitis retest.

Coding Issues: Select one response if a rapid retest was administered.

Instructions specific to client-type: Section E-4 should not be completed if the client received a conventional/non-rapid Hepatitis test.

Section F: Confirmatory Testing of HIV

SECTION F: CONFIRMATORY TESTING of HIV

(if rapid HIV test result is positive/reactive)

1. Confirmatory HIV test result (check one)

- | | |
|--|--|
| <input type="checkbox"/> Negative/Non-reactive | <input type="checkbox"/> Positive/Reactive |
| <input type="checkbox"/> Invalid/indeterminate | <input type="checkbox"/> Results pending |

2. Type of confirmatory test (check one)

- | |
|---|
| <input type="checkbox"/> Blood (plasma, serum, or blood spot) |
| <input type="checkbox"/> Oral <input type="checkbox"/> Urine |

F: Confirmatory test for HIV

Coding Instructions: This section should be completed if a rapid HIV test, including a 4th Generation HIV test result is positive or reactive. **This section should also be used to record test results for clients who receive conventional/non-rapid HIV testing services.**

Indicate whether or not the client received a confirmatory test following a positive or reactive rapid HIV test result, or if the client received a conventional/non-rapid HIV test. If the client did not receive a confirmatory test following a positive or reactive rapid HIV test result, select “No”. Additionally, indicate whether a confirmatory test was administered after an initial refusal of a rapid HIV test.

Coding Issues: Select no more than one response.

If “Positive/Reactive” was selected in response to question **D-1**, this question must be completed.

Instructions specific to client-type: If client had a positive/reactive **rapid HIV test**, F-1 should record whether or not a confirmatory test was administered. If client received a conventional/non-rapid HIV test, complete this section as well as Section H.

Section F of the SAMHSA RHHT Form should be completed for MAI clients who receive

- confirmatory testing after a positive/reactive RHT result, including 4th Generational HIV testing
- conventional/non-rapid HIV testing services

F-2: Type of confirmatory HIV test

Coding Instructions: Record the type of confirmatory test used for clients who received a positive/reactive rapid HIV test result. For clients who received conventional/non-rapid HIV testing services, record the type of test that was used.

Coding Issues: Select no more than one response if a confirmatory test was conducted.

For clients who received a conventional/non-rapid HIV test, record the following:

- HIV test result in F1
- Type of test in F2

Instructions specific to client-type: If the client received a conventional/non-rapid HIV test, please indicate the type of test used.

Section G: Confirmatory Testing of Hepatitis

SECTION G: CONFIRMATORY TESTING of HEP B & C Test	
(if rapid Hepatitis test result is positive/reactive)	
1. Confirmatory HEP test result (check one)	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending
2. Type of confirmatory test (check one)	
<input type="checkbox"/> Blood (plasma, serum, or blood spot)	

G1: Confirmatory testing of Hepatitis B & C

Coding Instructions: The form instructions state that this section should be completed if a rapid Hepatitis test result is positive or reactive. However, **this section should also be used to record test results for clients who receive conventional/non-rapid Hepatitis testing services.**

Indicate whether or not the client received a confirmatory test following a positive or reactive rapid Hepatitis test result, or if the client received a conventional/non-rapid Hepatitis test. If the client did not receive a confirmatory test following a positive or reactive rapid Hepatitis test result, select "No". Additionally, indicate whether a confirmatory test was administered after an initial refusal of a rapid Hepatitis test.

Coding Issues: Select no more than one response.

If "Positive/Reactive" was selected in response to question **E-1**, this question must be completed.

Instructions specific to client-type: If client had a positive/reactive **rapid Hepatitis test**, G-1 should record whether or not a confirmatory test was administered. If client received a conventional/non-rapid Hepatitis test, complete this section as well as Section I.

Section G of the SAMHSA RHHT Form should be completed for MAI clients who receive

- confirmatory testing after a positive/reactive Hepatitis result
- conventional/non-rapid Hepatitis testing services.

G-2: Type of confirmatory Hepatitis test

Coding Instructions: Confirm that the confirmatory Hepatitis test used blood (plasma, serum, or blood spot).

Section H: Type of HIV Services Provided

SECTION H: TYPE OF HIV SERVICES PROVIDED
(Check all that apply)
<input type="checkbox"/> HIV Pre/Post- Prevention Counseling
<input type="checkbox"/> HIV Pre/Post-Test Counseling
<input type="checkbox"/> HIV Testing
<input type="checkbox"/> Referred to HIV Care and Treatment Services
<input type="checkbox"/> Linked to HIV care treatment after positive confirmation (Client attended a routine HIV medical care visit in last 3 months)
<input type="checkbox"/> Linked to HIV prevention/ancillary services if negative test result

H: Type of Services Provided

Coding Instructions: Record any/all types of services that were provided to the client. The definitions of “Referred to HIV care” and “Linked to HIV Care”, are distinct though related. To select ‘Referral to HIV Care and Treatment Services’, the provider must affirm that the client was given viable contact information for a HIV service provider(s) who can provide follow-up HIV medical care services. To select ‘Linked to HIV care’, the provider must affirm that the client attended a routine HIV medical care visit between the date of the initial client visit and the date 90 days later, when final updates to the form can be submitted.

Coding Issues: Select all responses that apply.

As per the instructions provided in the dark grey shaded area of the form, this section applies to all services the client has been provided either by the grantee or another agency, up to and including the point at which the RHHT Form is being completed.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

Section I: Type of Hepatitis Services Provided

SECTION I: TYPE OF Hepatitis SERVICES PROVIDED		
(Check all that apply)		
<input type="checkbox"/> Hepatitis Pre/Post- Prevention Counseling		
<input type="checkbox"/> Hepatitis Pre/Post-Test Counseling		
<input type="checkbox"/> Viral Hepatitis Testing		
<input type="checkbox"/> Hepatitis Vaccination		
<input type="checkbox"/> Yes	<input type="checkbox"/> A	Date 1: _____
	<input type="checkbox"/> B	Date 2: _____
	<input type="checkbox"/> Twinrix	Date 3: _____
<input type="checkbox"/> No _____		
<input type="checkbox"/> Referred to Hepatitis Care after positive confirmation		
<input type="checkbox"/> Linked to Hepatitis care treatment after positive confirmation (Client attended a routine Hepatitis medical care visit in last 3 months)		
<input type="checkbox"/> Linked to Hepatitis prevention/ancillary services if negative test result		

Section I: Type of Hepatitis Services Provided

Coding Instructions: Record any/all types of service that were provided to the client. The definitions of “Referred to Hepatitis care” and “Liked to Hepatitis Care”, are distinct though related. To select referred to Hepatitis care, the provider must affirm that the client was given viable contact information for a Hepatitis service provider(s) who can provide follow-up Hepatitis medical care services. To select ‘Liked to Hepatitis care’, the provider must affirm that that the client attended a routine Hepatitis medical care visit between the date of the initial client visit and the date 90 days later, when final updates to the form can be submitted.

Coding Issues: Select all responses that apply.

As per the instructions provided in the dark grey shaded area of the form, this section applies to all services the client has been provided either by the grantee or another agency, up to and including the point at which the RHHT Form is being completed.

Instructions specific to client-type: This question should be completed **for all MAI clients**.

APPENDIX A: MAI Rapid HIV/Hepatitis Testing Form



OMB No. 0930-0343
Expiration Date: 09/30/2017

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0343. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

SECTION A: SITE CHARACTERISTICS		1. Date of visit (mm/dd/yyyy): _____	
2. Grantee #: _____		3. Partner ID (if applicable): _____	
4. CLIENT ID: _____		5. Site type code # (see site code on back page) _____	
SECTION B: DEMOGRAPHICS			
1. Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	3. Race (check all that apply) <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White	4. Age (check one) <input type="checkbox"/> <18 yrs <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	5. Previous HIV Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown
		6. Previous Viral Hepatitis Test <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: (check one) <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	
SECTION C: RISK BEHAVIORS			
1. During the past 30 days have you - from the date of this form (check all that apply)			
<input type="checkbox"/> had unprotected sex with a male <input type="checkbox"/> had unprotected sex with a female <input type="checkbox"/> had unprotected sex with a transgender individual <input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship <input type="checkbox"/> had unprotected sex with multiple partners <input type="checkbox"/> had unprotected sex with an HIV positive person <input type="checkbox"/> had unprotected sex with an Hepatitis positive person		<input type="checkbox"/> had unprotected sex with a person who injects drugs <input type="checkbox"/> had unprotected sex with a man who has sex with men <input type="checkbox"/> exchanged sex for drugs/money/shelter <input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known sexual risk factors	
2. During the past 30 days have you used: from the date of this form (check all that apply)			
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men) <input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women) <input type="checkbox"/> cocaine (crack)		<input type="checkbox"/> marijuana <input type="checkbox"/> ecstasy <input type="checkbox"/> heroin <input type="checkbox"/> methamphetamine	
		<input type="checkbox"/> non-medical use of prescription drugs <input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia) <input type="checkbox"/> refusal <input type="checkbox"/> the client reports no known substance use risk factors <input type="checkbox"/> other (specify) _____	
3. Have you (check all that apply)			
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months <input type="checkbox"/> been in alcohol or drug treatment in the past 12 months <input type="checkbox"/> ever been in alcohol or drug treatment		<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder) <input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder) <input type="checkbox"/> none of the above	
SECTION D: Rapid HIV TESTING RESULTS		SECTION E: Rapid HEPATITIS B & C TESTING RESULTS	
1. Rapid HIV test result (check one)		1. Rapid Hepatitis test results (check all)	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test)		<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Refusal		<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	
2. Did client receive result of rapid HIV test? (check one)		2. Did client receive results of rapid HEP test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Retest HIV Result: (check one)		3. Retest HEP Result: (check one)	
<input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid/indeterminate		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> N/A	
<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> N/A			
4. Did client receive retest result of test? (check one)		4. Did client receive retest results of test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION F: CONFIRMATORY TESTING of HIV (if rapid HIV test result is positive/reactive) 1. Confirmatory HIV test result <i>(check one)</i> <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> Results pending 2. Type of confirmatory test <i>(check one)</i> <input type="checkbox"/> Blood (plasma, serum, or blood spot) <input type="checkbox"/> Oral <input type="checkbox"/> Urine	SECTION G: CONFIRMATORY TESTING of HEP B & C Test (if rapid Hepatitis test result is positive/reactive) 1. Confirmatory HEP test result <i>(check one)</i> <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Invalid/indeterminate <input type="checkbox"/> Results pending 2. Type of confirmatory test <i>(check one)</i> <input type="checkbox"/> Blood (plasma, serum, or blood spot)
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SECTION H: TYPE OF HIV SERVICES PROVIDED (Check all that apply) <input type="checkbox"/> HIV Pre/Post- Prevention Counseling <input type="checkbox"/> HIV Pre/Post-Test Counseling <input type="checkbox"/> HIV Testing <input type="checkbox"/> Referred to HIV Care and Treatment Services <input type="checkbox"/> Linked to HIV care treatment after positive confirmation <i>(Client attended a routine HIV medical care visit in last 3 months)</i> <input type="checkbox"/> Linked to HIV prevention/ancillary services if negative test result	SECTION I: TYPE OF Hepatitis SERVICES PROVIDED (Check all that apply) <input type="checkbox"/> Hepatitis Pre/Post- Prevention Counseling <input type="checkbox"/> Hepatitis Pre/Post-Test Counseling <input type="checkbox"/> Viral Hepatitis Testing <input type="checkbox"/> Hepatitis Vaccination <input type="checkbox"/> Yes <input type="checkbox"/> A Date 1: _____ <input type="checkbox"/> B Date 2: _____ <input type="checkbox"/> Twinrix Date 3: _____ <input type="checkbox"/> No _____ <input type="checkbox"/> Referred to Hepatitis Care after positive confirmation <input type="checkbox"/> Linked to Hepatitis care treatment after positive confirmation <i>(Client attended a routine Hepatitis medical care visit in last 3 months)</i> <input type="checkbox"/> Linked to Hepatitis prevention/ancillary services if negative test result
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SAMHSA MAI Rapid HIV Testing Clinical Information Form

Codes for Site Types

S01	Inpatient Facility	S16	Community Setting-AIDS Service Organization-non-clinical
S02	Inpatient Hospital	S17	Community Setting-Community Center
S03	Inpatient-Drug/Alcohol Treatment	S18	Community Setting-Shelter/Transitional housing
S04	Inpatient Facility-Other	S19	Community Setting-School/Education Facility
S05	Outpatient-Drug/Alcohol Treatment Clinic	S20	Community Setting-Residential
S06	Outpatient-HIV Specialty Clinic	S21	Community Setting-Public Area
S07	Outpatient-Community Mental Health	S22	Community Setting-Workplace
S08	Outpatient-Community Health Clinic	S23	Community Setting-Commercial
S09	Outpatient-TB Clinic	S24	Community Setting-Other
S10	Outpatient-School/University Clinic	S25	Community Setting-Bar/Club/Adult Entertainment
S11	Outpatient-Prenatal/OBGYN Clinic	S26	Community Setting-Church/Mosque/Synagogue/Temple
S12	Outpatient-Family Planning	S27	Correctional Facility
S13	Outpatient-Private Medical Practice	S28	Blood Bank, Plasma Center
S14	Outpatient-Health Department/Public Health Clinic		
S15	Outpatient-Health Department/Public Health Clinic-HIV		

APPENDIX B: Technical Assistance Contacts

The following contacts are available to help with issues related to the RHHT form and web-based data system.

Issue	Who to contact
<ul style="list-style-type: none">• Web-based data system functions• Reminders for usernames and passwords• Glitches/difficulties with using the web system	<p>Helpdesk email address:</p> <p>support@health-ra.com</p> <p>Days and hours of operation:</p> <p>Monday-Friday, 8 a.m. – 5 p.m. EST</p>
<ul style="list-style-type: none">• Questions on substantive content of the RHHT form questions• Requests to add/remove project end-users	<p>Please contact your assigned Government Project Officer</p>